

Jim Doyle
Governor

Roberta Gassman
Secretary



State of Wisconsin
Department of Workforce Development

WORKER'S COMPENSATION
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February 21, 2003

INSURER
STREET
CITY STATE ZIP

WC CLAIM NO: 8888-888888
INJURY DATE: 09/16/93
EMPLOYEE: SIMPLE, SAMPLE
EMPLOYER: EMPLOYER UNKNOWN
INSURER NO: xyz

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Your response to our prior request for submission of a first Supplementary Report, WKC-13, is overdue. Please submit the report immediately.

DWD 80.02(2)(b) of the Wisconsin Administrative Code requires that you submit a WKC-13 to the Department before the 30th day following the date of injury shown above. Please include all dates of disability and all amounts paid to date.

Because of your failure to reply to prior requests for this report, this matter is also referred as a complaint to the Office of the Commissioner of Insurance for further action and assistance in obtaining this required report. Wisconsin Statutes 102.31(3) provides the Department may require an insurer to answer correspondence within 30 days. Any insurance carrier who refuses or fails to answer correspondence may be subject to enforcement proceedings under Wisconsin Statutes 601.64.

To submit this report electronically, find out what other reports are overdue and avoid forfeitures in the future go to the Insurer's Pending Reports on the Worker's Compensation web site at:
http://www.dwd.state.wi.us/wc/insurance/pending_rpts.htm

Department of Workforce Development
Worker's Compensation Division

cc: Office of the Commissioner of Insurance

WKC-13574-E (N. 02/2003) OCI86G